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PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Doctor Number

101661275

APPLICATION AS FILED - PART I

(Column 1) (Column 2)

SMALL ENTITY

85

**OTHER THAN
SMALL ENTITY**

FOR	NUMBER FILED	NUMBER EXTRA	RATE (\$)	FEES (\$)	RATE (\$)	FEES (\$)
BASIC FEE (37 CFR 1.16(e), (b), or (c))						
SEARCH FEE (37 CFR 1.16(a), (b), or (m))						
EXAMINATION FEE (37 CFR 1.16(a), (b), or (j))						
TOTAL CLAIMS (37 CFR 1.16(j))	minus 20 =		X =		X =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =		X =		X =	
APPLICATION SIZE FEE (37 CFR 1.16(e))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).					
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						
* If the difference in column 1 is less than zero, enter "0" in column 2.				TOTAL		
				OR		

* If the difference in column 1 is less than zero, enter "0" in column 2.

TOTAL

TOTAL

APPLICATION AS AMENDED – PART III

(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OTHER THAN SMALL ENTITY	
AMENDMENT A	1219105	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDI- TIONAL FEE (\$)	RATE (\$)	ADDI- TIONAL FEE (\$)
Total (37 CFR 1.16(i))	19	Minus	"	20	"	x 25 =		x 50 =	
Independent (37 CFR 1.16(d))	6	Minus	***	6	"	x 100 =		x 200 =	
Application Size Fee (37 CFR 1.16(s))									
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(i))									
						180		360	
				TOTAL ADDL FEE					

(Column 1) (Column 2) (Column 3)

1

1

AMENDMENT B	(Column 1)		(Column 2)		(Column 3)	
	4	25	0	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(i))	19	Minus	20	=		
Independent (37 CFR 1.16(i))	4	Minus	4	=		
Application Size Fee (37 CFR 1.16(g))						
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(i))						
	RATE (\$)		ADDITIONAL FEE (\$)			
	x 25	=				
OR	x 50	=				
OR	x 100	=				
	180					
	TOTAL ADDL' FEE					
OR	360					
OR	TOTAL ADDL' FEE					

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "2". If it is less than 3, enter "3".

The "Highest Number Previously Paid For in THIS SPACE is less than 3." enter "3".

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